

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Emergency Committee for Israel

(b) Address (number and street) ☐ check if different than previously reported

11 Dupont Circle NW Suite 325

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30001911

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 1

through

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 1

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 1

(b) Communication Title The Uniter

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Noah Pollak

(b) Address (number and street)

11 Dupont Circle NW Suite 325

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Emergency Committee for Israel

(e) Occupation

Executive Director

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

27695.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Noah Pollak

SIGNATURE Electronically Filed by Noah Pollak

DATE 09/13/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name William Kristol	<b>Transaction ID :</b> F91.000001	
	(b) Address (number and street) 11 Dupont Circle NW Suite 325		
	(c) City, State and Zip Code Washington DC 20036		
	(d) Name of Employer or Principal Place of Business Emergency Committee for Israel	(e) Occupation Board Member	
<b>B.</b>	(a) Name Noah Pollak	<b>Transaction ID :</b> F91.000004	
	(b) Address (number and street) 11 Dupont Circle NW Suite 325		
	(c) City, State and Zip Code Washington DC 20036		
	(d) Name of Employer or Principal Place of Business Emergency Committee for Israel	(e) Occupation Executive Director	
<b>C.</b>	(a) Name Michael Goldfarb	<b>Transaction ID :</b> F91.000005	
	(b) Address (number and street) 11 Dupont Circle NW Suite 325		
	(c) City, State and Zip Code Washington DC 20036		
	(d) Name of Employer or Principal Place of Business Emergency Committee for Israel	(e) Occupation	

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Craft Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 1 1</div> </div>			
Mailing Address of Payee 706 7th St. SE				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2695.00</div>			
City Washington		State DC		Zip Code 20003		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 1 1</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Media TV Advertising Production Costs							
Name of Federal Candidate Robert Turner		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 09		Disbursement/Obligation For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special</u>	
F94.000003		Name of Federal Candidate David Weprin		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 09	
F94.000005		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Craft Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 1 1</div> </div>			
Mailing Address of Payee 706 7th St. SE				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>			
City Washington		State DC		Zip Code 20003		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 1 1</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Media Ad Buy							
Name of Federal Candidate David Weprin		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 09		Disbursement/Obligation For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special</u>	
F94.000004		Name of Federal Candidate David Weprin		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 09	
F94.000006		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">27695.00</div>			
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">27695.00</div>			